

NEW YORK FILM ACADEMY

COLLEGE OF VISUAL AND PERFORMING ARTS

Add/Drop FORM

Today's Date: _____ Current Program Name: _____

Name (Last, First): _____

Date of Birth (mm/dd/yyyy): ____/____/____ Email: _____

Action Code: (Make sure to **indicate the appropriate action code** in the table below)

NOTE: Students in F-1 or J-1 status, please consult with ISO if your enrollment drops below full-time status.

A - to **add** a class.

D - to **drop** a class.

W - if you are dropping a class **after the deadline** (Two weeks from the semester start)

AU - to **audit** a class

Course CODE	Course Title	Action Code	Credits	Instructors Name

Please have the appropriate offices sign initial below in the order listed

1) Chair of the Department: _____

2) Academic Affairs (BFA only): _____

3) International (if applicable): _____

4)VA (if applicable): _____

5) Financial Aid Office (if applicable): _____

6) Bursar/Brian: _____

PLEASE SIGN: I ATTEST THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.

Student Signature: _____ Date: _____

Processed: _____

Registrars Office Signature: _____ Date: _____

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